

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

Doctor Nicholson,
M.D. Physician
Autauga County Metro Jail
136 North Court Street
Prattville, AL 36067

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X R.K. Nicholson MD

Agent
 Addressee

B. Received by (Printed Name)

R.K. Nicholson MD

C. Date of Delivery
10-30-06

Delivery address different from item 1? Yes
ES, enter delivery address below: No

10 CR 748 and to CIN
CMF, Order of

Service Type

Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

7005 1820 0002 3461 0362

Domestic Return Receipt

2. Article Number
(Transfer from service label)

PS Form 3811, February 2004

102595-02-M-1540